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# Health-related Procrastination, Occupational Stress, and Job Insecurity Among Private School Teachers

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## Abstract

Procrastination is an act of postponing a task despite anticipating a worse situation later. It adversely affects performance and outcomes in academic and work settings. Apart from performance, it also has adverse consequences for health (physical and mental). Despite the abundance of studies about procrastination, in general, there is a dearth of research about health-related procrastination. Fewer studies have shed light on the phenomena and possible factors affecting it. This study explores the role of occupational stress and job insecurity as two factors affecting health-related procrastination among private school teachers. This correlational study was conducted on 100 teachers working in private schools in Varanasi. These teachers were chosen, employing a purposive sampling method. The data collection was done using the health-related procrastination questionnaire, job insecurity scale, and occupational stress index. Finally, the data was analyzed using SPSS software. Results indicate that occupational stress was significantly correlated with exercise procrastination and healthy diet procrastination, but job insecurity was not. Stepwise multiple regression analysis was performed to examine the role of demographic variables (BMI and self-rated health) and occupational stress in predicting exercise procrastination and healthy diet procrastination. Results indicate that the only significant predictor of exercise procrastination is body mass index and the only best predictor of healthy diet procrastination is occupational stress. Both exercise and healthy diet procrastination also predict each other in the regression model. In general, the results depict that reducing occupational stress and a balanced BMI can lead to less health-related procrastination, which may promote better.

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## Introduction

Procrastination is the act of deferring work until tomorrow despite anticipating a worse situation later (Lay 1986, Klingsieck 2013, Steel 2007) is also described as self-defeating behavior that involves the inability to regulate one's behavior (Ferrari and Tice 2000, Ferrari 2001). Procrastination leads to failure to act upon one's intended course of action, resulting in incomplete tasks, poor academic performance, lower grades, and incomplete assignments in the student population (Zarick & Stonebreaker 2009). In the adult working population, procrastina-

tion leads to lower income and reduced employment (Nguyen, Steel & Ferrari 2013), inability to start, finish, or even draw any benefit from a project (Donoghue & Rabin 2008). The literature regarding the study of procrastination has flourished within the last three decades (Sirois 2016), giving us many insights and leaving us with several avenues for further exploration. One such avenue that has led to the expansion of the research related to procrastination is the domain-specific approach that argues in favor of procrastination being a domain-specific phenomenon (Klingsieck 2013). Klingsieck (2013) has divided procrastination into six domains, namely everyday routines and obligations, academic and work, family and partnership, social contacts, health and leisure, among which academic and work, everyday routines and obligations, and health were domains in which people tend to procrastinate typically higher, that is more than 50%. Although different studies of life-domain procrastination have shown different results for domain-specific procrastination, health is the only domain in which procrastination is consistently higher in different studies (Klingsieck 2013, Hen & Goroshit 2018) explaining the role and importance of health behavior and how often people procrastinate when it comes to performing such health behaviors. As per existing literature, one highly explored domain in terms of procrastination is academic procrastination, defined as delaying and putting off academic responsibilities until later by students (Solomon and Rothblum, 1984). This is an indication that procrastination is a problem-causing phenomenon in academia for students. Earlier research on procrastination and health demonstrated that as time passes by, procrastinators experience more stress and illness than non-procrastinators do and overall stress and illness was higher for procrastinators than for non-procrastinators. Not only that, but procrastinators end up doing inferior work than non-procrastinators (Baumeister & Tice 1997). Further, a few more studies affirmed that trait procrastination is a risk factor for poor health outcomes (Sirois Melia Gordon Pychyl 2003, Sirois 2007). Procrastination is linked with poor self-rated health (Sirois & Tosti, 2012). Procrastination is also a possible risk factor for people with chronic health conditions like cardiovascular diseases and hypertension (Sirois 2015). Despite all these connections between procrastination and health, the relationship between procrastination and health is indirect or, we can say, mediated by health behaviors or stress-like factors (Sirois Melia Gordon Pychyl 2003, Sirois 2007). Health-related procrastination, being a novel construct, is directly related to health and is defined as a pointless postponement of the behaviors (or activities), even in the face of the initial goal to begin or complete them; unpleasant feelings and a sense of personal disappointment over the postponement frequently accompany this. Health-related procrastination is measured in terms of how much a person is procrastinating on health behaviors like consuming a healthy diet or exercising. Healthy diet and exercise are the two most important factors that contribute to lifestyle diseases like cardiovascular disease, hypertension, diabetes, Asthma, respiratory conditions, and malignancies (Sharma, Majumdar, 2009). A healthy lifestyle must be adopted to tackle these health issues with a properly balanced diet, physical activity, and taking care of the biological clock (Sharma, Majumdar, 2009). A study on health-related procrastination suggests that occupational stress and insecure jobs are two factors that might cause health-related procrastination in a study done on nurses (Moghadam et al., 2019).

## Occupational stress

Occupational stress is a condition that results from people's interactions with their employment and is defined by internal alterations that make people alter how they normally function (Beehr & Newman, 1978). Stress at work is a result of personal, organizational, and environmental factors. The gap between the demands of one's employment and one's capacity to respond effectively is known as occupational stress (Rabin, Feldman, & Kaplan, 1999). Employees who operate in stressful environments produce work of a lower caliber, which can eventually have an impact on not just their performance but also their survival (Michie, 2002).

Stress leads to irregularities in Workplace burnout, personality, and working habits. Research has also shown a correlation between occupational stress and higher absenteeism, decreased productivity, and widespread dysfunctional tendencies in the workplace (Levin-Epstein, 2002; Anderson & Puluch, 2001).

Men with stressful professions did not regularly engage themselves in exercise (Weidner et al. 1997; Johansson et al. 1991). There are many different diet-related responses to stress, suggesting that the relationship between stress and diet may be much more complicated. People who intentionally or unintentionally use food as a coping mechanism against stress may eat more than usual when under stressful conditions because they view it as a source of comfort. (Ingledew, Hardy, Cooper, & Jemal, 1996).

A study of 200 employees found that, despite having identical intentions, those in high-strain professions exercised much less than those in low-strain professions (Payne et al. 2002). Exercise has also been linked to minor stressors (Stetson et al. 1997).

From the point of view of health behaviors and studies stated above, it is noticeable that occupational stress can lead to less execution of health behaviors like healthy diet consumption and less exercising, which can cause an even greater threat to health and well-being. Therefore, occupational stress can be considered a cause of health-related procrastination.

## Job Insecurity

The characteristic feature of job insecurity is the perceived threat of loss of one's employment (Mohr 2000), and it can be characterized as a general worry about the job's viability in the long run (van Vuuren 1990). Job insecurity simply means the difference between what people want and what they receive from their present jobs. Employee health is known to suffer from insecure employment (Ferrie, 2001). Job insecurity is frequently related to poor self-rated health (Cheng, Chen, Chen, & Chiang, 2005; D'Souza et al., 2003), modest psychiatric illness (D'Souza, Strazdins, Lim, Broom, & Rodgers, 2003). Further job insecurity is also found to be associated with obesity (Ferrie et al., 2002), and events of lifestyle diseases like coronary heart disease (Lee, Colditz, Berkman, & Kawachi, 2004), and associated risk factors like hypertension (Ferrie et al., 1995, 1998b; Levenstein, Smith, & Kaplan, 2001) and high cholesterol (Ferrie et al., 1995). With so many direct consequences on health, studies also suggest that job insecurity might be a causal factor in poor health behaviors, that is, exercising less and eating a less nutritious diet (Lynch, Kaplan, Salonen 1997). further investigation is required to confirm this conclusion.

## Occupational Stress and Job Insecurity among Private School Teachers

Teaching is one of the most sought-after, respectable jobs in Indian society and demands immense devotion of time as it constitutes many responsibilities which often leads to burnout and occupational stress. Private school teachers face an additional problem of job insecurity as most of the teachers have short-term or even no contract at all. Among all these hassles, it becomes a challenge to take care of one's health and engage in behaviors that are crucial for promoting one's good health. Studies show that teachers who work in private schools experience a significant amount of occupational stress (Dhanalakshmi, Kathiravan & Rajasekar, 2021). Even studies suggest that private school teachers experience more occupational stress than their government counterparts (Dhull, 2018). Health behaviors like having a proper diet and engaging in physical activity or exercise are crucial for better health, and it is suggested that healthy diet habits and exercise can improve overall well-being among teachers, though further studies are required to improve these findings (Corbett et al., 2021). Job insecurity in private school teachers and its effects on their diet and exercise behaviors is a less explored area, although it has been explored in the working population (Lynch, Kaplan, & Salonen, 1997).

## Rationale of the Study

Health-related procrastination, being a novel construct, has a lot to be explored. The finding of a study suggests that occupational stress and job insecurity are possible contributing factors leading to health-related procrastination (Moghadam et al., 2019), and health-related procrastination can have a unique and stronger relation with factors like BMI and health status (Haghbin & Pychyl, 2016). The current study attempts to further understand the relationships between the factors by examining the relationship between job insecurity and occupational stress with health-related procrastination.

Teachers work in stressful work conditions and insecure jobs, which makes them prone to health-related procrastination.

## Objectives

The major objective of this present study is to explore the relationship between exercise and healthy diet procrastination with occupational stress and job insecurity along with demographic variables, including BMI and Self-rated Health.

## Hypotheses

H1. There will be a positive and significant relationship between occupational stress and exercise procrastination among private school teachers.

H2. There will be a positive and significant relationship between occupational stress and healthy diet procrastination among private school teachers.

H3. There will be a positive and significant relationship between Job insecurity and exercise procrastination among private school teachers.

H4. There will be a positive and significant relationship between job insecurity and healthy diet procrastination among private school teachers.

H5. Healthy diet procrastination will be significantly impacted by BMI, self-rated health, occupational stress, job insecurity, and exercise procrastination of private school teachers.

H6. BMI, self-rated health, occupational stress, job insecurity and, healthy diet procrastination of private school teachers will significantly impact exercise procrastination.

# Research Design and Sampling Method

A correlational research design was employed to examine the association among the variables taken for the study. For the present study, 100 teachers (40 male and 60 female) from private schools were selected using a purposive sampling technique. The age group ranged between 21 to 40 years.

## Tools used

For the present study, the following psychological measures were used.

### *Health-Related Procrastination*

Mohsen Haghbin and Timothy Pychyl developed the Health**-**related procrastination scale. This measure has two scales 1) Healthy Diet Procrastination Scale, and 2) Exercise Procrastination Scale, both containing five items each. A six-point Likert scale (1 = “never” and 6 = “always”) is used in both scales. Scores are calculated by averaging participants’ scores in all 5 items. The scales had excellent reliability. That is, the Cronbach’s Alpha coefficient for EPS was 0.94 and for HDPS was 0.97.

### *Occupational stress*

The occupational stress index was developed by A. K. Srivastava & A. P. Singh (1981) and contains 12 subscales and 46 items. Items were answered on a five (5)-point Likert scale where the score ranges from 1 = strongly disagree to 5 = strongly agree. Scores were given 5 for strongly agree and 1 for strongly disagree. About 17 items are false keyed and are reverse scored. The reliability value, as calculated by the split-half method and Cronbach’s alpha coefficient, was found to be 0.935 and 0.90, respectively, for the whole scale.

### *Job Insecurity*

De Witte (2000) originally developed the job insecurity scale (JIS) and translated it into English (2014). It has 4 items that would be responded to on a given five-point Likert-type scale where 1 = strongly disagree to 5 = strongly agree. Item no. 2 will be reverse scored. A higher score indicates high job insecurity. The Cronbach’s alpha coefficient of the scale was 0.82.

## Statistical Analysis

The collected data was analyzed using Statistical Package for Social Sciences (SPSS version 20) software. Statistical methods used for the analysis of data were descriptive statistics, Pearson’s correlation coefficient, and Stepwise multiple regression analysis.

# Results

After analyzing the data using SPSS, the present study yielded the following results.

**Table 1:** Correlation matrix of healthy diet procrastination, exercise procrastination, occupational stress and, job insecurity

| | *Exercise procrastination* | *Healthy diet procrastination* | *Occupational stress* | *Job insecurity* |
|---|---|---|---|---|
| Exercise procrastination | 1 | | | |
| Healthy diet procrastination | .587** | 1 | | |
| Occupational stress | .223* | .363** | 1 | |
| Job insecurity | .122 | .166 | .539** | 1 |

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

**Table 2:** Results of stepwise multiple regression using exercise procrastination, occupational stress, job insecurity, self-rated health, BMI as predictors, and healthy diet procrastination as criterion

| *Models* | *I* | | *II* | |
|---|---|---|---|---|
| Predictors | β | *p* | β | *P* |
| Exercise procrastination | .587 | .000** | .533 | .000** |
| Occupational stress | ---- | ---- | .244 | .003** |
| $R^2$ | .345 | | .402 | |
| $\Delta R^2$ | .345 | | .057 | |
| $F_{\Delta R2}$ | | | .003 | |

Note: Criterion: Healthy Diet Procrastination All model $p_F$ < .000
Excluded variables: BMI, Self-Rated health, Job insecurity
**Significant at .001 level

**Table 3:** Results of stepwise multiple regression using healthy diet procrastination, occupational stress, job insecurity, self-rated health, BMI as predictors, and exercise procrastination as criterion

| *Models* | *I* | | *II* | |
|---|---|---|---|---|
| Predictors | β | *p* | β | *p* |
| Healthy diet procrastination | .587 | .000** | .561 | .000** |
| Body mass index | ---- | ---- | .214 | .009** |
| $R^2$ | .345 | | .390 | |
| $\Delta R^2$ | .345 | | .045 | |
| $F_{\Delta R2}$ | | | .009 | |

Note: Criterion: Exercise Procrastination All model $p_F$ < .000
Excluded variables: Occupational stress, Self-Rated health, Job insecurity
**Significant at .001 level

Table 1 shows the correlation matrix of independent and dependent variables as proposed in H1, H2, H3, and H4, respectively. As proposed, occupational stress has a positive significant correlation with both exercise procrastination (r =.223*, *p* <0.05) and healthy diet procrastination (r =.363**, *p* <0.01), supporting H1 and H2, but job insecurity has a positive but not significant correlation with exercise procrastination (r =.122, *p* >0.05) and healthy diet procrastination (r =.166, *p* >0.05), that is against H3 and H4. Occupational stress is significantly and positively correlated with job insecurity (r =.539**, *p* <0.01).

Table 2 shows the stepwise regression analysis with BMI, self-rated health, occupational stress, job insecurity, and, exercise procrastination as predictors and Healthy diet procrastination as criterion variable. As per the results, after stepwise regression only excluding non-significant variables, exercise procrastination (β = .533; *p* <0.001) and occupational stress (β = .244; *p* <0.001) had a significantly positive association with healthy diet procrastination. Exercise procrastination explained 34.5% of the total variance, whereas occupational stress (F change = 9.184; *p* < 0.001) explained 40.2% variance in healthy diet procrastination.

Table 3 shows the stepwise regression analysis with BMI, self-rated health, occupational stress, job insecurity, and, healthy diet procrastination as predictors and exercise procrastination as criterion variable. As per the results, after stepwise regression only excluding non-significant variables, healthy diet procrastination (β = .561; *p* <0.001) and body mass index (β = .214; *p* <0.001) had a significantly positive association with exercise procrastination. Healthy diet procrastination explained 34.5% of the total variance, whereas body mass index (F change = 7.15; *p* < 0.001) explained 39% variance in healthy diet procrastination.

## Discussion

The present study attempted to investigate and establish a relationship between occupational stress and job insecurity as predictors of exercise and healthy diet procrastination. In addition, this study included health parameters like BMI and self-rated health to find out how much they contribute to both above-mentioned forms of health-related procrastination.

Occupational stress is found to be significantly correlated with exercise procrastination, i.e., teachers working in stressful conditions are prone to procrastinate when it comes to exercising, despite intending to do so. Another correlation of occupational stress with healthy diet procrastination came to be significant, i.e., teachers working in stressful conditions are prone to procrastinate when it comes to taking a healthy diet. Lack of healthy diet and exercise act as contributing factors in many lifestyle diseases (Sharma, & Majumdar, 2009). Stress itself leads to physical and psychological complications when there is a discrepancy between demand and availability of coping mechanisms and resources (Zimbardo et al., 2003). Stress interrupts healthy eating habits by causing cravings for less nutritious and high-calorie food (Stress and Health, 2023). Further occupational stress can influence eating behavior by intake of unhealthy sources of food containing saturated fats and sugars (Gandhi, 2023). Studies suggest that aerobic exercises lead to a reduction in occupational stress, but not continuing with the exercise program the levels of occupational stress get back to the previous state (Mohebbi et al., 2019). Exercise also mitigates occupational stress effect by increasing resilience against occupational stress (Gerber et al., 2014b). The studies stated above mark the importance of a healthy diet and exercise in the life of a working professional. Procrastinating in performing these behaviors can affect the health of a person, which is also influenced by occupational stress, and therefore H1 and H2 stating positive and significant correlations of occupational stress with Exercise procrastination and healthy diet procrastination are accepted.

However, the correlation of Job insecurity as proposed in H3 and H4, with exercise procrastination and healthy diet procrastination did not come out to be significant. However, previous research suggests that people in insecure jobs tend to exercise less or not at all and engage in poor eating habits (Khubchandani & Price, 2016; Cheng et al., 2005). The reason for this low positive correlation might be the size of the sample taken and the less diverse sample which was not the case in previous studies (Khubchandani & Price, 2016; Cheng et al., 2005). Therefore, conclusively H3 and H4 stating positive and significant correlations of job insecurity with Exercise procrastination and healthy diet procrastination are rejected.

Two stepwise multiple regression was also carried out to find the best predictors of a) healthy diet procrastination and, b) exercise procrastination. According to H5, BMI, self-rated health, occupational stress, job insecurity, and exercise procrastination were entered in a stepwise manner in a regression equation where exercise procrastination and occupational stress came out to be the best predictors of healthy diet procrastination, which means a person procrastinating on eating a healthy diet might also be procrastinating when it comes to exercising. The same goes with occupational stress which shows an increase in occupational stress might also lead to an increase in healthy diet procrastination.

Similarly, in H5, BMI, self-rated health, occupational stress, job insecurity, and healthy diet procrastination were entered in a stepwise manner in regression equation where healthy diet procrastination and occupational stress came out to be the best predictors of exercise procrastination, which means a person procrastinating on exercising might also procrastinate when it comes to having a healthy diet. Body Mass Index has been found to be a significant predictor of exercise procrastination. Studies also suggest that higher BMI scores reflect a low level of physical fitness and a decrease in motor skills (Ding & Jiang, 2020). Therefore, exercise can be used as a tool to maintain optimal BMI and procrastination in exercise might be reduced by a change in BMI.

## Conclusion

Exercise and a healthy diet are crucial factors when talking about determinants of health, and procrasti-

nation related to these two factors can result in the occurrence of many lifestyle diseases, among which Cardiovascular Disease is alone the largest cause of death in India. A constant evaluation of stress levels, monitoring of fitness levels for teachers, and providing appropriate support is recommended so that they are altogether less stressed in a work setting and as a result, less procrastinate when it comes to taking healthy diet and exercising.

## References


1. Anderson, P., & Pulich, M. (2001). Managing workplace stress in a dynamic environment. *The Health Care Manager*, *19*(3), 1–10.
2. Beehr, T. A., & Newman, J. E. (1978). Job stress, employee health, and organizational effectiveness: a facet analysis, model, and literature review1. *Personnel Psychology*, 31(4), 665–699.
3. Cheng, Y., Chen, C., Chen, C., & Chiang, T. (2005). Job insecurity and its association with health among employees in the Taiwanese general population. *Social Science & Medicine*, *61*(1), 41–52.
4. Corbett, L., Bauman, A., Peralta, L., Okely, A. D., & Phongsavan, P. (2021b). Characteristics and effectiveness of physical activity, nutrition and/or sleep interventions to improve the mental well-being of teachers: A scoping review. *Health Education Journal*, 81(2), 196–210.
5. D'Souza, R. M., Strazdins, L., Lim, L. L., Broom, D. H., & Rodgers, B. (2003). Work and health in a contemporary society, demands, control, and insecurity. *Journal of Epidemiology and Community Health*, *57*(11), 849–854.
6. Dhanalakshmi, K & C., Kathiravan & Rajasekar, A. (2021). An assessment of occupational stress among private school teachers. *The George Washington journal of international law and economics*. 08. 154-163.
7. Dhull, K. (2018). Occupational stress among secondary school teachers in relation to gender and types of school. *International Journal of Research in Social Sciences*, 8(4), 853-861.
8. Ding, C., & Jiang, Y. (2020). The Relationship between Body Mass Index and Physical Fitness among Chinese University Students: Results of a Longitudinal Study. *Healthcare*, 8(4), 570.
9. Donoghue, T. O., & Rabin, M. (2008). Procrastination on long-term projects. *Journal of Economic Behavior & Organization*, *66*(2), 161–175.
10. Elst, T. V., De Witte, H., & De Cuyper, N. (2013b). The Job Insecurity Scale: A psychometric evaluation across five European countries. *European Journal of Work and Organizational Psychology*, 23(3), 364–380.
11. Ferrari, J. R. (2001). Procrastination as Self-regulation Failure of Performance : Effects of Cognitive Load , Self-awareness , and Time Limits on ` Working Best Under Pressure'. *European Journal of Personality*, *15*(5), 391–406.
12. Ferrari, J. R., & Tice, D. M. (2000). Procrastination as a self-handicap for men and women: A task-avoidance strategy in a laboratory setting. *Journal of Research in Personality*, *34*(1), 73–83.
13. Ferrie, J. E. (2001). Is job insecurity harmful to health? *Journal of the Royal Society of Medicine*, *94*(2), 71–76.
14. Ferrie, J. E., Shipley, M. J., Marmot, M. G., Stansfeld, S., & Smith, G. D. (1995). Health effects of anticipation of job change and non- employment : longitudinal data from the Whitehall II study. *British Medical Journal*, 311(7015), 1264-1269., 311(7015), 1264–1269.
15. Ferrie, J. E., Shipley, M. J., Marmot, M., Stansfeld, S., & Smith, G. D. (1998). An uncertain future: the health effects of threats to employment security in white-collar men and women. *American Journal of Public Health*, 88(7), 1030–1036.
16. en nutrition and stress at work. The Cooking Academy. https://www.thecookingacademy.co.uk/link-betwen-nutrition-stress-in-the-work/
17. Gerber, M., Jonsdottir, I. H., Lindwall, M., & Ahlborg, G. (2014a). Physical activity in employees with differing occupational stress and mental health profiles: A latent profile analysis. *Psychology of Sport and Exercise*, 15(6), 649–658.
18. Haghbin, M., & Pychyl, T. A. (2016). Measurement of Health-Related Procrastination: Development and validation of the exercise and healthy diet procrastination scales. In Elsevier eBooks (pp. 121–142).
19. Hen, M., & Goroshit, M. (2018). General and Life-Domain Procrastination in Highly Educated Adults in Israel. *Frontiers in Psychology*, *9*, 1–8.
20. Ingledew, D. K., Hardy, L., Cooper, C. L., & Jemal, H. (1996). Health behaviors reported as coping strategies: A factor analytical study. *British Journal of Health Psychology, 1(3), 1*(3), 263–281.
21. Johansson, G., Johnson, J. V., & Hall, E. M. (1991). Smoking and sedentary behavior as related to work organization. *Social Science and Medicine*, *32*(7), 837–846.
22. Khubchandani, J., & Price, J. H. (2016). Association of Job Insecurity with Health Risk Factors and Poorer Health in American Workers. *Journal of Community Health*, 42(2), 242–251.
23. Klingsieck, K. B. (2013). Procrastination in Different Life-Domains : Is Procrastination Domain Specific ? *Current Psychology*, *32*(2), 175–185.
24. Lay, C. H. (1986). At Last , My Research Article on Procrastination. *Journal of Research in Personality*, *20*(4), 474–495.
25. Lee, S., Colditz, G. A., Berkman, L. F., & Kawachi, I. (2004). Prospective study of job insecurity and coronary heart disease in US women. *Annals of Epidemiology*, *14*(1), 24–30.
26. Levenstein, S., Smith, M. W., & Kaplan, G. A. (2001). Psychosocial Predictors of Hypertension in Men and

Women. *Archives of Internal Medicine*, 161(10), 1341–1346.
27. Levin-Epstein, M. (2002). Tackle workplace stress to improve productivity, reduce absenteeism. *Staff Leader*, *15*(2), 89-97.
28. Lynch, J. W., Kaplan, G. A., & Salonen, J. T. (1997). Why do poor people behave poorly? Variation in adult health behaviours and psychosocial characteristics by stages of the socioeconomic lifecourse. *Social Science & Medicine*, 44(6), 809–819.
29. Michie, S. (2002). Causes and management of stress at work. *Occupational and Environmental Medicine*, 59(1), 67–72.
30. Moghadam, M. B., Rafii, F., & Ebadi, A. (2019). Health-related procrastination in nurses: prevalence and related factors. *Crescent Journal of Medical and Biological Sciences*, *6*(2), 183-190.
31. Mohebbi, Z., Dehkordi, S. F., Sharif, F., & Banitalebi, E. (2019). Efeito do exercício aeróbico no estresse ocupacional de mulheres enfermeiras: Um ensaio clínico controlado. *Investigación y Educación en Enfermería*, *37*(2).
32. Mohr, G. B. (2000). The changing significance of different stressors after the announcement of bankruptcy: A longitudinal investigation with special emphasis on job insecurity. *Journal of Organizational Behavior*, *21*(3), 337–359.
33. Nguyen, B., Steel, P., & Ferrari, J. R. (2013). Procrastination' s Impact in the workplace and the Workplace' s Impact on Procrastination. *International Journal of Selection and Assessment*, *21*(4), 388–399.
34. Payne, N., Jones, F., & Harris, P. (2002). The impact of working life on health behavior: The effect of job strain on the cognitive predictors of exercise. *Journal of Occupational Health Psychology*, *7*(4), 342–353.
35. Rabin, S., Feldman, D., & Kaplan, Z. (1999). Stress and intervention strategies in mental health professionals. *British Journal of Medical Psychology*, 72(2), 159–169.
36. Sharma, P., & Sharma, J. (2011). Work-Addiction: A Poison by Slow Motion. *Journal of Economics and Behavioral Studies*, *2*(3), 86–91.
37. Sirois, F. M. (2007). "I" ll look after my health , later": A replication and extension of the procrastination–health model with community-dwelling adults. *Personality and Individual Differences*, *43*(1), 15–26.
38. Sirois, F. M. (2015). Is procrastination a vulnerability factor for hypertension and cardiovascular disease ? Testing an extension of the procrastination–health model. *Journal of Behavioral Medicine*, *38*(3), 578–589.
39. Sirois, F. M. (2016). Introduction : Conceptualizing the Relations of Procrastination to Health and Well-Being. In *Procrastination, Health, and Well-Being* (pp. 3–20). Academic Press.
40. Sirois, F. M., Melia-Gordon, M. L., & Pychyl, T. A. (2003). '"I" ll look after my health later": an investigation of procrastination and health. *Personality and Individual Differences*, *35*(5), 1167–1184.
41. Srivastava, A., & Singh, A. (1981). Occupational Stress Index. In PsycTESTS Dataset.
42. Steel, P. (2007). The Nature of Procrastination : A Meta-Analytic and Theoretical Review of Quintessential Self-Regulatory Failure. *Psychological Bulletin*, *133*(1), 65–94.
43. Stetson, B. A., Dubbert, P. M., Rahn, J. M., Wilner, B. I., & Mercury, M. G. (1997). Prospective Evaluation of the Effects of Stress on Exercise Adherence in Community-Residing Women. *Health Psychology*, *16*(6), 515–520.
44. Stress and health. (2023, February 2). The Nutrition Source.
45. Tice, D. M., & Baumeister, R. F. (1997). Longitudinal study of procrastination, performance, stress, and health: The costs and benefits of dawdling. *Psychological Science*, *8*(6), 454–458.
46. Van Vuuren, T. (1990). *Met ontslag bedreigd: Werknemers in onzekerheid over hun arbeidsplaats bij veranderingen in de organisatie*. VU.
47. Weidner, G., Boughal, T., Pieper, C., Connor, S. L., & Mendell, N. R. (1997). Relationship of Job Strain to Standard Coronary Risk Factors and Psychological Characteristics in Women and Men of the Family Heart Study. *Health Psychology*, *16*(3), 239–247.
48. Zarick, L. M., & Stonebraker, R. (2009). I'll do it Tomorrow: The Logic of Procrastination. *College Teaching*, *57*(4), 211–215.
49. Zimbardo, P. G., Johnson, R. L., McCann, V., & Carter, C. (2003). *Psychology: core concepts* (p. 647). Boston: Allyn and Bacon.